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Foods that Promote, Protect, and Promise Good Health

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Introduction

Every year, cancer claims the lives of more than half a million Americans. Cancer is the second leading cause of death in the United States, exceeded only by heart disease. According to United States Cancer Statistics: 2005 Incidence and Mortality, which tracks cancer incidence for about 96% of the U.S. population and mortality for the entire country, more than 559,000 Americans died of cancer, and more than 1.34 million had a diagnosis of cancer in 2005. (CDC 2009) The objective of this study is to determine whether foods have healing properties or if they are better utilized for preventive measures.

It is generally understood that eating more fruits and vegetables promotes good health, yet our current population is the most obese on record. In 2003-04, 17.1% of children and adolescents 2-19 years of age (over 12 and a half million) were overweight, and 32.2% of adults (over 66 million) were obese. Almost 5% of adults were extremely obese. Although the problem of obesity is overwhelming, the solution seems to be simple: decrease caloric intake, eat more fruits and vegetables, and exercise.

Methods

Data Source

Articles were retrieved from Medline 2000 to date; Cumulative Index of Nursing and Allied Health Literature (CINAHL) 2000 to date.

Keywords

The keywords that were used to search the various sources were: Hallelujah Diet; Diet; Vegetarian / OR Vegan; Health Food; Dietary Supplements; Diet / OR Foods that Cure; Cancer / NOT Risk of Cancer.

Eligibility Criteria

Studies included in the search were in the United States, in English, full text, and evidenced based medicine reviews that focused on the subject, curative foods. Articles that were excluded discussed cancer risk, dietary supplements, alternative methods and if they were database reviews. These subjects are valuable for other studies and may be used for reference material.

Collect Data Information

Articles will be divided into food groups: Fish and omega 3 (4 articles), fruits, vegetables and vitamin C (8 articles), dietary counseling (1 article) and dietary surveys (1 article).

Results

Thousands of articles were retrieved; the narrowing process consisted of excluding the “risk of cancer” phrase which, when eliminated from the queries, produced eleven usable articles. The studies were divided into food groups : 7 articles focused on Fruits and vegetables, 3 articles on Fish and omega-3, and 1 article on Carotenoids.

The groups considered ranged from very narrow control groups to wide populations. Of the eleven articles reviewed, two studied only professional women in the health care industry, two articles studied women in general, one article focused on men located in four small geographically defined communities in a wide area of the city of Shanghai, China, another studied men who lived in southwest Finland who smoked (ages 50-69), another study was for Japanese subjects from aged 40 to 69 who already had atrophic gastritis. Only three studies had both men and women in them.

Serving Sizes

Among the studies reviewed there was no consistency regarding determining serving size. The Canadian Food Guide explains very clearly what an average serving size is and yet this was disregarded in many instances. However, Pierce included cooking classes and printed material from the “5 A Day” (USDA) guidelines.

Results

Michaud participants who were male smokers ages 50-69 were shown colored pictures that represented serving size. Unfortunately, they used a 276 food-and-beverage questionnaire that inquired about their average intake of fruits and vegetables over the previous year.

Iso also relied on participants’ ability to recount a year’s worth of fruits and vegetable intake. He used a food frequency questionnaire that included specific serving sizes on his population of nurses, who were between 30-59 years old.

Yuan used specially trained nurses who conducted the interviews with men aged 45-64, inquiring about their food intake in a 12 month period. Yet they went a step further to validate their findings, with a 24 hour dietary recall of a randomly chosen subgroup of cohort subjects.

Liu used a 43-item semi-quantitative food-frequency questionnaire (SFFQ) with a standard serving size specified, yet relied on recall from the previous year. Most notably, Kim’s article used a 108-item semi-quantitative food frequency questionnaire (SFFQ) that queried the previous years’ food intake, using actual pictures of the vegetable portions. Then they computed the nutrient intakes based on the Standard Food Composition Tables that were published by Science and Technology of Japan.

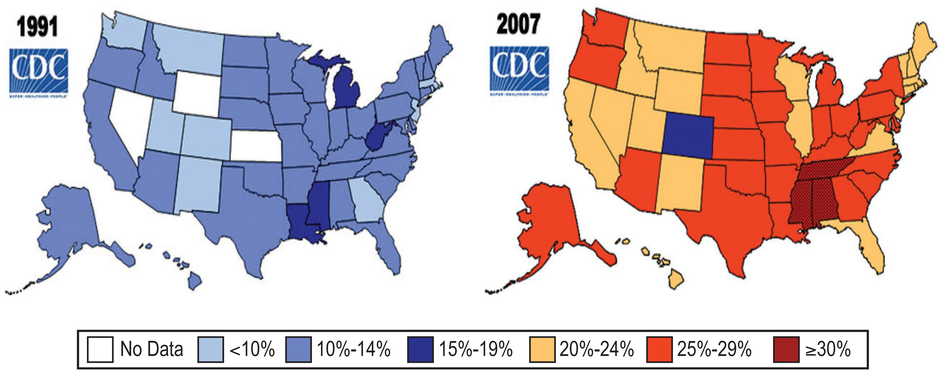
Conclusion

The consensus of the articles reviewed is that to promote health using diet and exercise, one must “start early and end strong” A dietary change once a patient is systemically disease ridden is generally not successful in healing the disease. Among survivors of early stage breast cancer, adoption of a diet that was very high in vegetables, fruit and fiber, and low in fat did not reduce additional breast cancer events or mortality during a 7.3 year follow up period. (Pierce 2007)

In reviewing this literature, certain caution must be taken. The external validity of the studies is suspect due to the narrow populations that were studied: Chinese men in rural villages with acute myocardial infarction, Japanese men with atrophic gastritis, and female health care professionals. The articles did not discuss their selection processes or how they protected the study from researchers’ biases.

There is little evidence to support the idea that eating foods will cure the most severe diseases once the illness is advanced in the patient. Eating a healthy diet should be seen as a way to encourage general health and prevent disease, but not promoted as a sole means to cure cancer or heart disease.

Obesity Trends Among U.S. Adults 1991 - 2007



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